

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED NOV 13 1950

State File No. **33187**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>975</u>		
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Greene				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield Mo.		0396		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1216 W. Walnut St.				d. STREET ADDRESS (If rural, give location) 1216 W. Walnut				
3. NAME OF DECEASED (Type or Print) a. (First) Bertha			b. (Middle)		c. (Last) Abbey.		4. DATE OF DEATH (Month) (Day) (Year) 11 6 50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 28 1896	9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaker		11. BIRTHPLACE (State or foreign country) DeSota Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME W.R. Pierce			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Henry Abbey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chester Ledbetter Springfield Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic leukemia				DUPLICATE				2140
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				DUPLICATE				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT-SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>9-19</u> , 19 <u>49</u> , to <u>11-6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-6</u> , 19 <u>50</u> , and that death occurred at <u>10:15 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <i>C. B. [Signature]</i> (Degree or title) 0				23b. ADDRESS Springfield Mo.		23c. DATE SIGNED 11/7/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/8/50		24c. NAME OF CEMETERY OR CREMATORY Greenlawn		24d. LOCATION (City, town, or county) (State) Springfield Mo.		
DATE REC'D BY LOCAL REG. 11-10-50		REGISTRAR'S SIGNATURE <i>W. E. Standley</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ayre Goodwin Inc Springfield Mo.				

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Juan Jose
4567

Licensed Embalmer No.....

P. O. Address.....

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.